



Client Eligibility - System Documentation

Non-browser, Instructions
EDS - Project Number NCH00012

Version 1.0

December 1, 2001

Information Technology Section
North Carolina Division of Mental Health, Developmental Disabilities
And Substance Abuse Services

APS Manual 1014

Prepared By: EDS - IPRS



Table of Contents

1. INTRODUCTION	1
2. SCOPE.....	2
3. ACRONYMS AND TERMS/ABBREVIATIONS.....	3
4. NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (SE/MAINFRAME)	5
4.1 Components	5
4.1.1 IPRS Cross-Reference Master File.....	5
4.1.1.1 Copybook IPKYXREF	5
4.1.1.2 Data Element Definitions	6
4.1.2 IPRS Eligibility Master	7
4.1.2.1 Copybook HMKY1000	7
4.1.2.2 Data Element Definitions	23
4.1.3 IPRS Enrollment Master.....	39
4.1.3.1 Copybook HMKY2451	39
4.1.3.2 Data Element Definitions	41
4.1.4 Translated 834 Record - Client Workpacket.....	42
4.1.4.1 Copybook IPKYTRAN	42
4.1.4.2 Data Element Definitions	43
DOCUMENT CHANGE LOG.....	46



1. INTRODUCTION

This project is to develop an Integrated Payment and Reporting System (IPRS) for the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SA). The division will use the IPRS to process, track, pay, and report on all claims submitted by providers for services rendered to its constituent population. Billing providers will submit a single claim to the State, and the division's IPRS will pay the claim from the appropriate funding sources, including Medicaid, "Pioneer", Thomas S., Willie M., Special Populations, Mental Retarded (MR)/Mentally Incapacitated (MI) and capitated risk contracts. The system is designed to provide the division, Local Managing Area (LMA)s, and area programs with "seamless integration" of DMH and Division of Medical Assistance (DMA) client, provider, prior authorization and claims data for eligibility lookup and claims filing processing and payment.

DMH/DD/SA services respond to the mental health, developmental disability and substance abuse needs of the people of North Carolina with a variety of programs and services. This division is responsible for administering federal and state funds designated for MH/DD/SA services, operating the State institutions, ensuring area programs meet funding requirements for Federal and State aid, and administering State standards for facility operations and licensing.

DMH/DD/SA currently uses several different systems for the reimbursement of services provided to clients. The Unit Cost Reimbursement (UCR) systems are maintained by the State and reside on an International Business Machine®¹ (IBM) mainframe. These systems are not integrated, and there is no central system for storing client eligibility information. IPRS replaces the existing UCR system with one integrated system for processing all MH/DD/SA claims. This provides DMH/DD/SA with a significantly enhanced system that includes increased flexibility to implement unique policy and payment strategies for MH/DD/SA patients in a timely and cost efficient manner. In addition, the UCR system reduces the amount of State funds required to maintain multiple claims processing systems, establishes a central repository of recipient data, allows the State to more closely monitor service delivery, eliminates potential over-billing, simplifies claim filing practices, and reduces claim's payment-cycle time.

¹ IBM® is a registered Trademark of the International Business Machine Corp. All Rights Reserved.



2. SCOPE

IPRS includes a new and unique provider eligibility subsystem for DMH/DD/SA services and provides a method of entering provider information for the division and the pilot sites by using browser-based screens. An established process is used to determine a central provider identification number which links to the LMA assigned provider number. Provider number cross-referencing is established for providers that have more than one provider number. Specific provider information may be used to trace the provider back to the local managing agency. For maintenance of provider information, DMH/DD/SA services will also have the ability to add, suspend, cancel, terminate, modify or delete their providers. In addition, IPRS will provide a secure environment for the entry of provider data and provider information maintenance.

The IPRS project provides the DMH/DD/SA with a centralized Client Eligibility System, which will include Pioneer, Thomas S. and Willie M. clients. The information stored in this system will be used to process service claims submitted by billing providers.

The DMH/DD/SA currently uses the Pioneer Unit Cost Reimbursement System, which includes a number of interrelated and integrated policy and procedure components to assist the LMA with service delivery. Thomas S. and Willie M. clients are subsets of the pioneer population. The current Thomas S. and Willie M. systems maintain the eligibility data of each specified age disability program and level of eligibility (where appropriate) for which the client is eligible. Pioneer does not contain any client eligibility data. IPRS maintains this data, which is received directly from the LMAs and Thomas S. and Willie M. systems.

This document provides a structured examination of system parameters for Software Engineers (SE)s as defined in copybooks which identify the coding/programming behind the IPRS effort.

For those using strictly IPRS browsers, keep in mind that browser fields mirror the non-browser SE fields, and extracts data from a non-browser source (data base), making this document valuable for understanding copybook information and Data Element Definitions (DED)s (common elements for both).



3. ACRONYMS AND TERMS/ABBREVIATIONS

This section covers acronyms, terms, and abbreviations used throughout this document. Unique terms and abbreviations are explained within their respective section in this document. Most code and/or DED elements are not explained or covered in this section, but are covered in their respective DED section.

Acronyms

Acronym	Definition
ARC	At Risk Children; a program within the division of MH/DD/SA services that provide specialized services to emotionally disturbed, aggressive, youths.
CAP	Community Alternatives Program: services provided as an alternative to institutional care.
CNDS	Common Name Data Service: a database administered by the Division of Information Resource Management for the NC Department of Health and Human Services.
DED	Data Element Definition(s)
DMH	Department of Mental Health
EDS	Electronic Data Systems
EIS	Eligibility Information System: system maintained by the Division of Social Services that includes Medicaid eligibility as well as for other programs.
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
HMO	Health Maintenance Organization
ICF	Immediate Care Facility
IPRS	Integrated Payment and Reporting System
LMA	Local Managing Area: local agency responsible for administering services and funds for DMH/DD/SA Services.
MC	Managed Care
MID	Medicaid Identification Number: base identification number assigned to the client by the State.
MMIS	Medicaid Management Information System
MR	Mental Retarded
MR/MI	Mental Retardation/Mental Illness: a program within the Division of MH/DD/SA Services that provides specialized services to NC residents who are mentally retarded, with mental health or substance abuse problems, causing them to be inappropriately institutionalized.
Medicare Status	Medicare Status
NCDMH	North Carolina Department of Mental Health



Acronym	Definition
SE	System Engineers
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security Number
SU	Special Use
TP	Third Party
UCR	Unit Cost Reimbursement

Terms/Abbreviations

Term/Abbreviation	Definition
Base ID	Base identification number assigned by the State to which local client numbers are cross-referenced.



4. NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (SE/MAINFRAME)

These are the “behind-the-scene” SE workings.

4.1 Components

Built Data Definition Files

File Number	Copybook	Description
1.	IPKYXREF	Cross Reference Master File
2.	HMKY1000 (Same as HMKY1001)	IPRS Eligibility Master
3.	HMKY2451	IPRS Enrollment Master
4.	IPKYTRAN	Translated 834 Record - Client Workpacket

4.1.1 IPRS Cross-Reference Master File

4.1.1.1 Copybook IPKYXREF

The following copybook is a condensed version. It contains all unique line items in sequential order as found in the complete copybook. To view the complete copybook, see the Compact Disk (CD), under the "Copybooks" directory, IPKYXREF.doc.

RECORD LAYOUT DATASET : PDSRA.HMXCM.IPRSDEV.TEST.COPY
MEMBER : IPKYXREF

----- FIELD LEVEL/NAME -----		--PICTURE--		FLD	START	END	LENGTH
(PREF) CLIENT-XREF-RECORD					1	3013	3013
5	(PREF) CLIENT-XREF-RECORD	GROUP		1	1	3013	3013
10	(PREF) CLIENT-REC-KEY	GROUP		2	1	16	16
15	(PREF) CLIENT-XREF-ID	X(11)		3	1	11	11
15	(PREF) CLIENT-ELIG-BASE	X(5)		4	12	16	5
10	(PREF) CLIENT-SOURCE	X(4)		5	17	20	4
10	(PREF) CLIENT-BASE-FLAG	X		6	21	21	1
10	(PREF) CLIENT-MMIS-FLAG	X		7	22	22	1
10	(PREF) CLIENT-LMA-NBR	GROUP		8	23	35	13



15 (PREF) CLIENT-LMA	X (8)	9	23	30	8
15 (PREF) FILLER	X (5)	10	31	35	5
10 (PREF) CLIENT-UPDATE-DATE	9 (8)	11	36	43	8
10 (PREF) CLIENT-XREF-IDS (1) OCCURS 99 TIMES					
	GROUP	12	44	73	30
15 (PREF) XREF-CLIENT-ID (1)	X (11)	13	44	54	11
15 (PREF) XREF-SOURCE (1)	X (4)	14	55	58	4
15 (PREF) XREF-CLIENT-BASE-FLAG (1) X		15	59	59	1
15 (PREF) XREF-CLIENT-MMIS-FLAG (1) X		16	60	60	1
15 (PREF) XREF-LMA-NBR (1)	GROUP	17	61	73	13
20 (PREF) XREF-LMA (1)	X (8)	18	61	68	8
20 (PREF) FILLER (1)	X (5)	19	69	73	5

4.1.1.2 Data Element Definitions

Data Definition File – IPRS Cross-Reference Master File – IPKYXREF		
Data Element/Structure	Definition/Explanation	Comments
CLIENT-BASE-FLAG	Indicates whether ID contained in record key is a base ID or local ID	Blank – local ID X – active base ID 'T' – inactive base ID
CLIENT-ELIG-BASE	Eligibility source payer	NCDMH – IPRS
CLIENT-LMA	Local Managing Area (LMA) number associated with local ID in record key	Only populated when record key holds a local ID.
CLIENT-LMA-NBR	LMA number segment start.	
CLIENT-MMIS-FLAG	Indicates if ID contained in record key shares dual eligibility in Medicaid Management Information System (MMIS) and IPRS.	Blank - local ID X – active base ID 'T' – inactive base ID
CLIENT-REC-KEY	Record key segment start	
CLIENT-SOURCE	Indicates record type for ID contained in record key	Valid only for record keys containing local IDs. Valid values are LMA, ARC, MRMI
CLIENT-UPDATE-DATE	Date when 834 or online update transaction was processed	



Data Definition File – IPRS Cross-Reference Master File – IPKYXREF		
Data Element/Structure	Definition/Explanation	Comments
CLIENT-XREF-ID	Base ID or 11-digit local ID contained in record key	
CLIENT-XREF-IDS	Xref segment start	Holds up to 99 associated xrefs with ID in record key.
CLIENT-XREF-RECORD	Xref record segment start	
XREF-CLIENT-BASE-FLAG	Indicates whether ID contained in xref is a base ID or local ID	Blank – local ID X – active base ID 'T' – inactive base ID
XREF-CLIENT-ID	Xref Base ID or 11-digit local ID associated with ID in record key	
XREF-CLIENT-MMIS-FLAG	Indicates if ID contained in the xref shares dual eligibility in MMIS and IPRS	Blank - local ID X – active base ID 'T' – inactive base ID
XREF-LMA	LMA number associated with local ID in xref	Only populated when xref holds a local ID.
XREF-LMA-NBR	Xref LMA number segment start	
XREF-SOURCE	Indicates record type for ID in xref	Valid only for xrefs containing local IDs. Valid values are LMA, ARC, MRMI

4.1.2 IPRS Eligibility Master

4.1.2.1 Copybook HMKY1000

The following copybook is a condensed version. It contains all unique line items in sequential order as found in the complete copybook. To view the complete copybook, see the Compact Disk (CD), under the "Copybooks" directory, HMKY1000.doc.

RECORD LAYOUT DATASET : PDSRA.HMXCM.PROD.COPY
MEMBER : HMKY1000

----- FIELD LEVEL/NAME ----- --PICTURE-- FLD START END LENGTH



Client Eligibility - System Documentation

HEADER-PORTION		1	25670	25670	
3 HEADER-PORTION	GROUP	1	1	670	670
5 HDR-CONTROL-SEGMENT	GROUP	2	1	7	7
10 HDR-REC-ID	S999	3	1	2	2
10 HDR-DATE-LAST-UPDATED	S9(9)	4	3	7	5
5 FILLER	XXX	5	8	10	3
5 DETAIL-COUNT-SEGMENT	GROUP	6	11	28	18
10 TOT-DTL-CNT	S9(4)	7	11	12	2
10 EL-DTL-CNT	S9(4)	8	13	14	2
10 MS-DTL-CNT	S9(4)	9	15	16	2
10 MC-DTL-CNT	S9(4)	10	17	18	2
10 SU-DTL-CNT	S9(4)	11	19	20	2
10 TP-DTL-CNT	S9(4)	12	21	22	2
10 BI-DTL-CNT	S9(4)	13	23	24	2
10 FILLER	XX	14	25	26	2
10 BA-DTL-CNT	S9(4)	15	27	28	2
5 BENE-SEGMENT	GROUP	16	29	256	228
10 BENE-ELIG-KEY	GROUP	17	29	43	15
15 BENE-ID	GROUP	18	29	38	10
20 BENE-ID-NUM	X(9)	19	29	37	9
20 BENE-ID-ALPHA	X	20	38	38	1
15 BENE-ELIG-ENR-SOURCE	X(5)	21	39	43	5
10 BENE-XREF-ID	GROUP	22	44	53	10
15 BENE-XREF-ID-NUM	X(9)	23	44	52	9
15 BENE-XREF-ID-ALPHA	X	24	53	53	1
10 BENE-NAME	GROUP	25	54	82	29
15 BENE-FIRST-NAME	X(10)	26	54	63	10
15 BENE-MI	X	27	64	64	1



Client Eligibility - System Documentation

15 BENE-LAST-NAME	X(15)	28	65	79	15
15 BENE-SUFFIX	XXX	29	80	82	3
10 BENE-IND-STATUS-IN-CASE	X	30	83	83	1
10 BENE-BIRTHDATE	GROUP	31	84	89	6
15 BENE-DOB	S9(9)	32	84	88	5
15 FILLER	X	33	89	89	1
10 BENE-RACE	X	34	90	90	1
10 BENE-SEX	X	35	91	91	1
10 BENE-RSDI-CLAIM-NO	X(12)	36	92	103	12
10 BENE-HIC REDEFINES BENE-RSDI-CLAIM-NO					
10 BENE-HIC	GROUP	37	92	103	12
15 BENE-HIC-NBR	X(9)	38	92	100	9
15 BENE-HIC-SUFFIX	GROUP	39	101	103	3
20 BENE-HIC-SUFFIX1	X	40	101	101	1
20 BENE-HIC-SUFFIX2	X	41	102	102	1
20 BENE-HIC-SUFFIX3	X	42	103	103	1
10 BENE-FAM-STATUS	X	43	104	104	1
10 BENE-IND-SPEC-RPT	X	44	105	105	1
10 BENE-IND-JW-REGISTRATION	X	45	106	106	1
10 BENE-REFUGEE-STATUS	GROUP	46	107	114	8
15 BENE-REFUGEE-CODE	XX	47	107	108	2
15 BENE-REF-ENTRY-DATE	GROUP	48	109	114	6
20 BENE-ENTRY-MM	XX	49	109	110	2
20 BENE-ENTRY-CCYY	GROUP	50	111	114	4
25 BENE-ENTRY-CC	XX	51	111	112	2
25 BENE-ENTRY-YY	XX	52	113	114	2
10 BENE-DEATH-DATE	S9(9)	53	115	119	5
10 BENE-TERM-DATE	S9(9)	54	120	124	5



Client Eligibility - System Documentation

10 BENE-SCREEN-DATA	GROUP	55	125	130	6
15 BENE-SCREEN-DATE	S9(9)	56	125	129	5
15 BENE-SCREEN-ACTION	X	57	130	130	1
10 BENE-LIV-ARR	XX	58	131	132	2
10 BENE-PYMT-TYPE	X	59	133	133	1
10 FILLER	X(24)	60	134	157	24
10 BENE-IND-GRS-EARN	S999V99	61	158	160	3
10 BENE-IND-CH-AD-CARE	S999V99	62	161	163	3
10 BENE-IND-WORK-EXP	S999V99	63	164	166	3
10 BENE-IND-NET-EARN	S999V99	64	167	169	3
10 BENE-IND-SSN	S9(9)	65	170	174	5
10 BENE-LATEST-CASEID	S9(8)	66	175	179	5
10 BENE-LATEST-CTYNO	S99	67	180	181	2
10 BENE-LATEST-FORM-ID	X(8)	68	182	189	8
10 BENE-LATEST-DATE-UPDATED	S9(9)	69	190	194	5
10 BENE-IND-TERM-DATE	S9(9)	70	195	199	5
10 BENE-IND-CREATE-DATE	S9(9)	71	200	204	5
10 BENE-USE-CARD	X	72	205	205	1
10 BENE-COMP-ENROLL	X	73	206	206	1
10 BENE-WORK-HISTORY	X	74	207	207	1
10 FILLER	X(49)	75	208	256	49
5 CASE-DATA-SEGMENT	GROUP	76	257	670	414
10 CASE-RCD-TYPE	X	77	257	257	1
10 CASE-RCD-CREATION-DATE	S9(7)	78	258	261	4
10 CASE-RCD-LST-CHG-DATE	S9(7)	79	262	265	4
10 CASE-FORM-ID	X(8)	80	266	273	8
10 CASE-ID	X(8)	81	274	281	8
10 CASE-CO-NO	S99	82	282	283	2



Client Eligibility - System Documentation

10 CASE-CO-CASE-NO	X(6)	83	284	289	6
10 CASE-DIST-NO	XXX	84	290	292	3
10 CASE-CO-REASSIGN	GROUP	85	293	300	8
15 CASE-CO-REASSIGN-NO	XX	86	293	294	2
15 CASE-REASSIGN-DATE	X(6)	87	295	300	6
10 CASE-CASE-TERM	GROUP	88	301	307	7
15 CASE-TERM-REASON	XX	89	301	302	2
15 CASE-TERM-DATE	S9(9)	90	303	307	5
10 CASE-CS-HEAD-NAME-SSN	GROUP	91	308	336	29
15 CASE-CS-HEAD-FIRST	X(10)	92	308	317	10
15 CASE-CS-HEAD-MI	X	93	318	318	1
15 CASE-CS-HEAD-LAST	X(15)	94	319	333	15
15 CASE-CS-HEAD-SUFFIX	XXX	95	334	336	3
10 CASE-WORKER-NO	XXX	96	337	339	3
10 CASE-CS-HEAD-ID-NO	X(10)	97	340	349	10
10 CASE-ADDRESS	GROUP	98	350	404	55
15 CASE-ADDR-LN1	X(18)	99	350	367	18
15 CASE-ADDR-LN2	X(18)	100	368	385	18
15 CASE-CITY	X(12)	101	386	397	12
15 CASE-STATE	XX	102	398	399	2
15 CASE-ZIP-CODE	S9(9)	103	400	404	5
10 CASE-ESC-MATCH	X	104	405	405	1
10 CASE-SUBPAYEE-CODE	XX	105	406	407	2
10 CASE-SUBPAYEE-NAME	GROUP	106	408	436	29
15 CASE-SUBPAYEE-FIRST	X(10)	107	408	417	10
15 CASE-SUBPAYEE-MI	X	108	418	418	1
15 CASE-SUBPAYEE-LAST	X(15)	109	419	433	15
15 CASE-SUBPAYEE-SUFFIX	XXX	110	434	436	3



Client Eligibility - System Documentation

10 CASE-APPLICATION-DATA	GROUP	111	437	463	27
15 CASE-APP-NO	S9(7)	112	437	440	4
15 CASE-APP-DATE	S9(9)	113	441	445	5
15 CASE-APP-TYPE	X	114	446	446	1
15 CASE-APP-DISPOSITION	GROUP	115	447	460	14
20 CASE-DISP-DATE	S9(9)	116	447	451	5
20 CASE-DISP-REASON	XX	117	452	453	2
20 CASE-RET-DISP-DATE	S9(9)	118	454	458	5
20 CASE-RET-DISP-REASON	XX	119	459	460	2
15 CASE-AID-DATA	GROUP	120	461	463	3
20 CASE-AID-PROGRAM	X	121	461	461	1
20 CASE-AID-CATEGORY	XX	122	462	463	2
10 CASE-PAYMENT-DATA	GROUP	123	464	485	22
15 CASE-PYMT-REV-PERIOD	GROUP	124	464	475	12
20 CASE-PYMT-REV-FROM	S9(6)	125	464	469	6
20 CASE-PYMT-REV-TO	S9(6)	126	470	475	6
15 CASE-MONTHLY-PYMT	GROUP	127	476	485	10
20 CASE-PYMT-AMT	S9(5)	128	476	478	3
20 CASE-PYMT-TYPE	X	129	479	479	1
20 CASE-PYMT-DATE	S9(6)	130	480	485	6
10 CASE-MEDICAID-STATUS	X	131	486	486	1
10 CASE-MEDICAID-STATUS-DATE	S9(9)	132	487	491	5
10 CASE-MEDICAID-CERT-PERIOD	GROUP	133	492	501	10
15 CASE-MEDICAID-CERT-FM	S9(9)	134	492	496	5
15 CASE-MEDICAID-CERT-TO	S9(9)	135	497	501	5
10 CASE-AUTH-PERIOD	GROUP	136	502	511	10
15 CASE-AUTH-FROM-DATE	S9(9)	137	502	506	5
15 CASE-AUTH-TO-DATE	S9(9)	138	507	511	5



Client Eligibility - System Documentation

10 CASE-TPR-INDIC	X	139	512	512	1
10 CASE-DED-BAL	S9(4)V99	140	513	516	4
10 CASE-MEDICAID-CLASS	X	141	517	517	1
10 CASE-PAT-MO-LIAL-AMT	S9(4)	142	518	521	4
10 CASE-CS-EARN-INC	GROUP	143	522	541	20
15 CASE-CS-GRS-EARN	S9(4)V99	144	522	525	4
15 CASE-CS-DISREG	S9(4)V99	145	526	529	4
15 CASE-CS-WORK-EXPEN	S9(4)V99	146	530	533	4
15 CASE-CS-NET-EARN	S9(4)V99	147	534	537	4
15 CASE-CS-CH-AD-CARE	S9(4)V99	148	538	541	4
10 CASE-RECOUPMENT	GROUP	149	542	552	11
15 CASE-RECOUP-CODE	X	150	542	542	1
15 CASE-RECOUP-AMT	S9(4)	151	543	546	4
15 CASE-RECOUP-END-DATE	S9(6)	152	547	552	6
10 CASE-CS-UNEARN-INC	GROUP	153	553	564	12
15 CASE-CS-NET-UNEARN	S9(4)V99	154	553	556	4
15 CASE-CS-RSDI-AMT	S9(4)V99	155	557	560	4
15 CASE-CS-SSI-AMT	S9(4)V99	156	561	564	4
10 CASE-CS-NEEDS	GROUP	157	565	573	9
15 CASE-MAIN-AMT	S9(4)V99	158	565	568	4
15 CASE-AMB-CAP	X	159	569	569	1
15 CASE-DOMIC-RATE	S9(4)V99	160	570	573	4
10 CASE-COUNT-MO-INC	S9(4)V99	161	574	577	4
10 CASE-FOODSTAMP-NO	X(7)	162	578	584	7
10 CASE-STEPPARENT-IND	X	163	585	585	1
10 CASE-SSI-STATUS	X	164	586	586	1
10 CASE-VA-PAYMENT-STATUS	X	165	587	587	1
10 CASE-OLD-PROG-CODE	XX	166	588	589	2



Client Eligibility - System Documentation

10 CASE-DATE-LAST-ERROR	9(7)	167	590	596	7
10 CASE-TICK-MARK-INDICATOR	X	168	597	597	1
10 CASE-PULL-REASON	X	169	598	598	1
10 CASE-PULL-PROG	XXX	170	599	601	3
10 CASE-UP-CODE	X	171	602	602	1
10 CASE-SN-CODE	X	172	603	603	1
10 CASE-LT-CODE	X	173	604	604	1
10 CASE-CP-CODE	X	174	605	605	1
10 CASE-CAP-CODE	XX	175	606	607	2
10 CASE-VERIF-IND	X	176	608	608	1
10 CASE-APC-CO-BEG-DT	S9(7)	177	609	612	4
10 CASE-PHONE-NUM	S9(10)	178	613	618	6
10 CASE-NUM-OF-CHILDREN	99	179	619	620	2
10 CASE-NUM-OF-CHILDREN-X	REDEFINES CASE-NUM-OF-CHILDREN				
10 CASE-NUM-OF-CHILDREN-X	XX	180	619	620	2
10 CASE-CAT-OF-ASSIST	X	181	621	621	1
10 CASE-LEVEL-OF-CARE	X	182	622	622	1
10 CASE-CC-PAY-AMT	999	183	623	625	3
10 CASE-CC-PAY-AMT-X	REDEFINES CASE-CC-PAY-AMT				
10 CASE-CC-PAY-AMT-X	XXX	184	623	625	3
10 CASE-CC-SUSPEND	X	185	626	626	1
10 CASE-CC-BENEFITS-PAID	X	186	627	627	1
10 CASE-CC-IVD-IND	X	187	628	628	1
10 CASE-AFDC-GROUP-CODE	X	188	629	629	1
10 FILLER	X(41)	189	630	670	41
3 DETAIL-PORTION(1)	OCCURS 0 TO 100 TIMES DEPENDING ON TOT-DTL-CNT				
	GROUP	190	671	920	250
5 STANDARD-DTL(1)	GROUP	191	671	920	250



Client Eligibility - System Documentation

10 DTL-TYPE(1)	XX	192	671	672	2
10 DTL-DATE-LAST-UPDATED(1)	S9(9)	193	673	677	5
10 FILLER(1)	X(243)	194	678	920	243
5 INDIVIDUAL-MEDICAID-SGMT REDEFINES STANDARD-DTL					
5 INDIVIDUAL-MEDICAID-SGMT(1)	GROUP	195	671	920	250
10 FILLER(1)	X(7)	196	671	677	7
10 ELIG-PERIOD(1)	GROUP	197	678	692	15
15 ELIG-FROM-DATE(1)	S9(9)	198	678	682	5
15 ELIG-TO-DATE(1)	S9(9)	199	683	687	5
15 ELIG-AUTH-FROM-DATE(1)	S9(9)	200	688	692	5
10 ELIG-PROGRAM-CODE(1)	GROUP	201	693	697	5
15 ELIG-AID-PROGRAM(1)	X	202	693	693	1
15 ELIG-AID-CATEGORY(1)	XX	203	694	695	2
15 ELIG-MEDICAID-CLASS(1)	X	204	696	696	1
15 ELIG-SSI-STATUS(1)	X	205	697	697	1
10 ELIG-CASE-ID(1)	S9(8)	206	698	705	8
10 ELIG-DED-BAL-LIAB-DATA(1)	GROUP	207	706	710	5
15 ELIG-DED-BAL-LIAB-TYPE(1)	X	208	706	706	1
15 ELIG-DED-BAL-LIAB-AMT(1)	S9(5)V99	209	707	710	4
10 ELIG-CO-NO(1)	XX	210	711	712	2
10 ELIG-CAP-CODE(1)	XX	211	713	714	2
10 ELIG-PYMT-TYPE(1)	X	212	715	715	1
10 ELIG-PAT-LIAB-TBL(1)	GROUP	213	716	805	90
15 ELIG-PL-TBL(1,1) OCCURS 6 TIMES					
	GROUP	214	716	730	15
20 ELIG-PL-FM-DATE(1,1)	S9(9)	215	716	720	5
20 ELIG-PL-TO-DATE(1,1)	S9(9)	216	721	725	5
20 ELIG-PL-TYPE(1,1)	X	217	726	726	1



Client Eligibility - System Documentation

20 ELIG-PL-AMT(1,1)	S9(5)V99	218	727	730	4
15 ELIG-PL-TBL(1,2)	GROUP	214	731	745	15
20 ELIG-PL-FM-DATE(1,2)	S9(9)	215	731	735	5
20 ELIG-PL-TO-DATE(1,2)	S9(9)	216	736	740	5
20 ELIG-PL-TYPE(1,2)	X	217	741	741	1
20 ELIG-PL-AMT(1,2)	S9(5)V99	218	742	745	4
15 ELIG-PL-TBL(1,3)	GROUP	214	746	760	15
20 ELIG-PL-FM-DATE(1,3)	S9(9)	215	746	750	5
20 ELIG-PL-TO-DATE(1,3)	S9(9)	216	751	755	5
20 ELIG-PL-TYPE(1,3)	X	217	756	756	1
20 ELIG-PL-AMT(1,3)	S9(5)V99	218	757	760	4
15 ELIG-PL-TBL(1,4)	GROUP	214	761	775	15
20 ELIG-PL-FM-DATE(1,4)	S9(9)	215	761	765	5
20 ELIG-PL-TO-DATE(1,4)	S9(9)	216	766	770	5
20 ELIG-PL-TYPE(1,4)	X	217	771	771	1
20 ELIG-PL-AMT(1,4)	S9(5)V99	218	772	775	4
15 ELIG-PL-TBL(1,5)	GROUP	214	776	790	15
20 ELIG-PL-FM-DATE(1,5)	S9(9)	215	776	780	5
20 ELIG-PL-TO-DATE(1,5)	S9(9)	216	781	785	5
20 ELIG-PL-TYPE(1,5)	X	217	786	786	1
20 ELIG-PL-AMT(1,5)	S9(5)V99	218	787	790	4
15 ELIG-PL-TBL(1,6)	GROUP	214	791	805	15
20 ELIG-PL-FM-DATE(1,6)	S9(9)	215	791	795	5
20 ELIG-PL-TO-DATE(1,6)	S9(9)	216	796	800	5
20 ELIG-PL-TYPE(1,6)	X	217	801	801	1
20 ELIG-PL-AMT(1,6)	S9(5)V99	218	802	805	4
10 ELIG-CA-PRI-CARE-PROV(1)	X(8)	219	806	813	8
10 FILLER-PROVIDER(1)	X(5)	220	814	818	5



10 ELIG-CA-CARD(1)	X	221	819	819	1
10 FILLER(1)	X(101)	222	820	920	101
5 MEDICARE-STATUS-SEGMENT REDEFINES STANDARD-DTL					
5 MEDICARE-STATUS-SEGMENT(1)	GROUP	223	671	920	250
10 FILLER(1)	X(7)	224	671	677	7
10 MEDICARE-DATE(1)	S9(9)	225	678	682	5
10 MEDICARE-A-IND(1)	X	226	683	683	1
10 MEDICARE-B-IND(1)	X	227	684	684	1
10 MEDICARE-SOURCE(1)	X	228	685	685	1
10 FILLER(1)	X(235)	229	686	920	235
5 MANAGED-CARE-SEGMENT REDEFINES STANDARD-DTL					
5 MANAGED-CARE-SEGMENT(1)	GROUP	230	671	920	250
10 FILLER(1)	X(7)	231	671	677	7
10 MC-PLAN-NUMBER(1)	GROUP	232	678	685	8
15 MC-PLAN-NUM(1)	GROUP	233	678	683	6
20 FILLER(1)	XX	234	678	679	2
20 FILLER(1)	X(4)	235	680	683	4
15 MC-PLAN-CHAR(1)	X	236	684	684	1
15 MC-PLAN-CHAR-8(1)	X	237	685	685	1
10 FILLER-MC-PLAN(1)	X(5)	238	686	690	5
10 MC-PLAN-CAT(1)	X(4)	239	691	694	4
10 MC-EFF-DATE(1)	S9(9)	240	695	699	5
10 MC-END-DATE(1)	S9(9)	241	700	704	5
10 MC-CASE-ID(1)	X(8)	242	705	712	8
10 MC-COUNTY-NUM(1)	XX	243	713	714	2
10 FILLER(1)	X(206)	244	715	920	206
5 SPECIAL-USE-SEGMENT REDEFINES STANDARD-DTL					
5 SPECIAL-USE-SEGMENT(1)	GROUP	245	671	920	250



Client Eligibility - System Documentation

10 FILLER(1)	X(7)	246	671	677	7
10 SPEC-USE-CODE(1)	XX	247	678	679	2
10 SPEC-USE-DATES(1)	GROUP	248	680	689	10
15 SPEC-USE-FROM-DATE(1)	S9(9)	249	680	684	5
15 SPEC-USE-TO-DATE(1)	S9(9)	250	685	689	5
10 SPEC-USE-PROV-CODE(1)	X(4)	251	690	693	4
10 SPEC-USE-HMO-BEG-DATE(1)	GROUP	252	694	699	6
15 SPEC-USE-HMO-BEG-MM(1)	XX	253	694	695	2
15 SPEC-USE-HMO-BEG-CCYY(1)	GROUP	254	696	699	4
20 SPEC-USE-HMO-BEG-CC(1)	XX	255	696	697	2
20 SPEC-USE-HMO-BEG-YY(1)	XX	256	698	699	2
10 SPEC-USE-HMO-END-DATE(1)	GROUP	257	700	705	6
15 SPEC-USE-HMO-END-MM(1)	XX	258	700	701	2
15 SPEC-USE-HMO-END-CCYY(1)	GROUP	259	702	705	4
20 SPEC-USE-HMO-END-CC(1)	XX	260	702	703	2
20 SPEC-USE-HMO-END-YY(1)	XX	261	704	705	2
10 FILLER(1)	X(215)	262	706	920	215
5 TPR-SEGMENT REDEFINES STANDARD-DTL					
5 TPR-SEGMENT(1)	GROUP	263	671	920	250
10 FILLER(1)	X(7)	264	671	677	7
10 TPR-POLICY-SEGMENT(1)	GROUP	265	678	859	182
15 TPR-POLICY-NO(1)	X(18)	266	678	695	18
15 TPR-COMPANY-CODE(1)	XXX	267	696	698	3
15 TPR-POLICY-EFF-DATE(1)	S9(9)	268	699	703	5
15 TPR-POLICY-TERM-DATE(1)	S9(9)	269	704	708	5
15 TPR-POLICYHOLDER-NAME(1)	GROUP	270	709	737	29
20 TPR-HOLDER-FNAME(1)	X(10)	271	709	718	10
20 TPR-HOLDER-MI(1)	X	272	719	719	1



Client Eligibility - System Documentation

20 TPR-HOLDER-LNAME (1)	X(15)	273	720	734	15
20 TPR-HOLDER-SUFFIX(1)	XXX	274	735	737	3
15 TPR-GROUP-NAME (1)	X(30)	275	738	767	30
15 TPR-GROUP-ADDRESS (1)	GROUP	276	768	807	40
20 TPR-GROUP-STREET(1)	X(15)	277	768	782	15
20 TPR-GROUP-CITY(1)	X(14)	278	783	796	14
20 TPR-GROUP-STATE(1)	XX	279	797	798	2
20 TPR-GROUP-ZIP(1)	S9(9)	280	799	807	9
20 TPR-GRP-ZIP REDEFINES TPR-GROUP-ZIP					
20 TPR-GRP-ZIP(1)	GROUP	281	799	807	9
25 TPR-GRP-1ST-5(1)	9(5)	282	799	803	5
25 TPR-GRP-LST-4(1)	9(4)	283	804	807	4
15 TPR-GROUP-POLICY-NO(1)	X(12)	284	808	819	12
15 TPR-INS-TYPE(1)	XX	285	820	821	2
15 TPR-LCHANGE-FORM-ID(1)	X(8)	286	822	829	8
15 TPR-LCHANGE-COUNTY(1)	XX	287	830	831	2
15 TPR-LCHANGE-DATE-JUL(1)	S9(7)	288	832	838	7
15 TPR-DATE-INIT-FORM(1)	S9(9)	289	839	843	5
15 TPR-COUNTY(1)	99	290	844	845	2
15 TPR-WKER-NO(1)	XXX	291	846	848	3
15 TPR-DIST-NO(1)	XXX	292	849	851	3
15 TPR-DATE-KEYED(1)	X(8)	293	852	859	8
10 TPR-INDIVIDUAL-SEGMENT(1)	GROUP	294	860	907	48
15 TPR-INDIVIDUAL-ID-NO(1)	X(10)	295	860	869	10
15 TPR-COVERED-PERIOD(1)	GROUP	296	870	899	30
20 TPR-PERIOD-COVERED(1,1) OCCURS 3 TIMES					
	GROUP	297	870	879	10
25 TPR-BEGIN-DATE(1,1)	S9(9)	298	870	874	5



Client Eligibility - System Documentation

25 TPR-END-DATE(1,1)	S9(9)	299	875	879	5
20 TPR-PERIOD-COVERED(1,2)	GROUP	297	880	889	10
25 TPR-BEGIN-DATE(1,2)	S9(9)	298	880	884	5
25 TPR-END-DATE(1,2)	S9(9)	299	885	889	5
20 TPR-PERIOD-COVERED(1,3)	GROUP	297	890	899	10
25 TPR-BEGIN-DATE(1,3)	S9(9)	298	890	894	5
25 TPR-END-DATE(1,3)	S9(9)	299	895	899	5
15 TPR-RELATIONSHIP(1)	X	300	900	900	1
15 TPR-INDIVIDUAL-CASE-ID(1)	S9(8)	301	901	905	5
15 TPR-INDIVIDUAL-INS-TYPE(1)	XX	302	906	907	2
10 TPR-ABSENT-PARENT-IND(1)	X	303	908	908	1
10 FILLER(1)	X(12)	304	909	920	12
5 BUY-IN SEGMENT REDEFINES STANDARD-DTL					
5 BUY-IN SEGMENT(1)	GROUP	305	671	920	250
10 FILLER(1)	X(7)	306	671	677	7
10 BUY-IN-SSA-PRIOR-TXN(1)	X(4)	307	678	681	4
10 BUY-IN-PROGRAM-CODE(1)	GROUP	308	682	686	5
15 BUY-IN-AID-PROGRAM(1)	X	309	682	682	1
15 BUY-IN-AID-CATEGORY(1)	XX	310	683	684	2
15 BUY-IN-MEDICAID-CLASS(1)	X	311	685	685	1
15 BUY-IN-SSI-STATUS(1)	X	312	686	686	1
10 BUY-IN-CNTY(1)	XX	313	687	688	2
10 BUY-IN-START-DATE(1)	GROUP	314	689	694	6
15 BUY-IN-START-MM(1)	XX	315	689	690	2
15 BUY-IN-START-CCYY(1)	GROUP	316	691	694	4
20 BUY-IN-START-CC(1)	XX	317	691	692	2
20 BUY-IN-START-YY(1)	XX	318	693	694	2
10 BUY-IN-END-DATE(1)	GROUP	319	695	700	6



Client Eligibility - System Documentation

15 BUY-IN-END-MM(1)	XX	320	695	696	2
15 BUY-IN-END-CCYY(1)	GROUP	321	697	700	4
20 BUY-IN-END-CC(1)	XX	322	697	698	2
20 BUY-IN-END-YY(1)	XX	323	699	700	2
10 BUY-IN-STATUS(1)	X	324	701	701	1
10 BUY-IN-PREMIUM(1)	S9(5)V99	325	702	705	4
10 BUY-IN-PEND-IND(1)	X	326	706	706	1
10 BUY-IN-PEND-DATE(1)	GROUP	327	707	712	6
15 BUY-IN-PEND-MM(1)	XX	328	707	708	2
15 BUY-IN-PEND-CCYY(1)	GROUP	329	709	712	4
20 BUY-IN-PEND-CC(1)	XX	330	709	710	2
20 BUY-IN-PEND-YY(1)	XX	331	711	712	2
10 BUY-IN-NUM-HIST(1)	X	332	713	713	1
10 BUY-IN-HIST-DATA(1)	X(84)	333	714	797	84
10 BUY-IN-HIST-SEG REDEFINES BUY-IN-HIST-DATA					
10 BUY-IN-HIST-SEG(1,1) OCCURS 4 TIMES					
	GROUP	334	714	734	21
15 BUY-IN-USE-IND(1,1)	X	335	714	714	1
15 BUY-IN-TRAN-CODE(1,1)	X(4)	336	715	718	4
15 BUY-IN-TRAN-DATE(1,1)	GROUP	337	719	724	6
20 BUY-IN-TRAN-MM(1,1)	XX	338	719	720	2
20 BUY-IN-TRAN-CCYY(1,1)	GROUP	339	721	724	4
25 BUY-IN-TRAN-CC(1,1)	XX	340	721	722	2
25 BUY-IN-TRAN-YY(1,1)	XX	341	723	724	2
15 BUY-IN-SSA-TRAN(1,1)	X(4)	342	725	728	4
15 BUY-IN-SSA-DATE(1,1)	GROUP	343	729	734	6
20 BUY-IN-SSA-MM(1,1)	XX	344	729	730	2
20 BUY-IN-SSA-CCYY(1,1)	GROUP	345	731	734	4



Client Eligibility - System Documentation

25 BUY-IN-SSA-CC(1,1)	XX	346	731	732	2
25 BUY-IN-SSA-YY(1,1)	XX	347	733	734	2
10 BUY-IN-HIST-SEG(1,2)	GROUP	334	735	755	21
15 BUY-IN-USE-IND(1,2)	X	335	735	735	1
15 BUY-IN-TRAN-CODE(1,2)	X(4)	336	736	739	4
15 BUY-IN-TRAN-DATE(1,2)	GROUP	337	740	745	6
20 BUY-IN-TRAN-MM(1,2)	XX	338	740	741	2
20 BUY-IN-TRAN-CCYY(1,2)	GROUP	339	742	745	4
25 BUY-IN-TRAN-CC(1,2)	XX	340	742	743	2
25 BUY-IN-TRAN-YY(1,2)	XX	341	744	745	2
15 BUY-IN-SSA-TRAN(1,2)	X(4)	342	746	749	4
15 BUY-IN-SSA-DATE(1,2)	GROUP	343	750	755	6
20 BUY-IN-SSA-MM(1,2)	XX	344	750	751	2
20 BUY-IN-SSA-CCYY(1,2)	GROUP	345	752	755	4
25 BUY-IN-SSA-CC(1,2)	XX	346	752	753	2
25 BUY-IN-SSA-YY(1,2)	XX	347	754	755	2
10 BUY-IN-HIST-SEG(1,3)	GROUP	334	756	776	21
15 BUY-IN-USE-IND(1,3)	X	335	756	756	1
15 BUY-IN-TRAN-CODE(1,3)	X(4)	336	757	760	4
15 BUY-IN-TRAN-DATE(1,3)	GROUP	337	761	766	6
20 BUY-IN-TRAN-MM(1,3)	XX	338	761	762	2
20 BUY-IN-TRAN-CCYY(1,3)	GROUP	339	763	766	4
25 BUY-IN-TRAN-CC(1,3)	XX	340	763	764	2
25 BUY-IN-TRAN-YY(1,3)	XX	341	765	766	2
15 BUY-IN-SSA-TRAN(1,3)	X(4)	342	767	770	4
15 BUY-IN-SSA-DATE(1,3)	GROUP	343	771	776	6
20 BUY-IN-SSA-MM(1,3)	XX	344	771	772	2
20 BUY-IN-SSA-CCYY(1,3)	GROUP	345	773	776	4



25 BUY-IN-SSA-CC(1,3)	XX	346	773	774	2
25 BUY-IN-SSA-YY(1,3)	XX	347	775	776	2
10 BUY-IN-HIST-SEG(1,4)	GROUP	334	777	797	21
15 BUY-IN-USE-IND(1,4)	X	335	777	777	1
15 BUY-IN-TRAN-CODE(1,4)	X(4)	336	778	781	4
15 BUY-IN-TRAN-DATE(1,4)	GROUP	337	782	787	6
20 BUY-IN-TRAN-MM(1,4)	XX	338	782	783	2
20 BUY-IN-TRAN-CCYY(1,4)	GROUP	339	784	787	4
25 BUY-IN-TRAN-CC(1,4)	XX	340	784	785	2
25 BUY-IN-TRAN-YY(1,4)	XX	341	786	787	2
15 BUY-IN-SSA-TRAN(1,4)	X(4)	342	788	791	4
15 BUY-IN-SSA-DATE(1,4)	GROUP	343	792	797	6
20 BUY-IN-SSA-MM(1,4)	XX	344	792	793	2
20 BUY-IN-SSA-CCYY(1,4)	GROUP	345	794	797	4
25 BUY-IN-SSA-CC(1,4)	XX	346	794	795	2
25 BUY-IN-SSA-YY(1,4)	XX	347	796	797	2
10 BUY-IN-DTL-NUM(1)	99	348	798	799	2
10 FILLER(1)	X(121)	349	800	920	121

4.1.2.2 Data Element Definitions

Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
BENE-IND-JW-REGISTRATION		Not used in Medicaid Management Information System (MMIS). Data moved from Eligibility Information System (EIS).
BENE-IND-NET-EARN		Not used in Medicaid Management Information System (MMIS).



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
		Data moved from Eligibility Information System (EIS).
BENE-IND-SPEC-RPT		Not used in Medicaid Management Information System (MMIS). Data moved from Eligibility Information System (EIS).
BENE-IND-SSN	The client's Social Security Number (SSN)	
BENE-IND-STATUS-IN-CASE		Not used in Medicaid Management Information System (MMIS). Data moved from Eligibility Information System (EIS).
BENE-IND-TERM-DATE		Not used in Medicaid Management Information System (MMIS). Data moved from Eligibility Information System (EIS).
BENE-IND-WORK-EXP		Not used in Medicaid Management Information System (MMIS). Data moved from Eligibility Information System (EIS).
BENE-LAST-NAME	The client's last name.	
BENE-LATEST-CASEID		Not used in Medicaid Management Information



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
		System (MMIS). Data moved from Eligibility Information System (EIS).
BENE-LATEST-CTYNO		Not used in Medicaid Management Information System (MMIS). Data moved from Eligibility Information System (EIS).
BENE-LATEST-DATE-UPDATED		Not used in Medicaid Management Information System (MMIS). Data moved from Eligibility Information System (EIS).
BENE-LATEST-FORM-ID		Not used in Medicaid Management Information System (MMIS). Data moved from Eligibility Information System (EIS).
BENE-LIV-ARR	The setting in which the client resides, such as Immediate Care Facility (ICF)/Mental Retarded (MR) hospital, foster care, adoptive home, etc.	
BENE-MI	The middle initial of the client's name.	
BENE-NAME	The client's complete name, including first name, middle initial, and last name.	
BENE-PYMT-TYPE	An indicator identifying the type of assistance the client receives.	
BENE-RACE	The client's race. W – White B – Black	



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
	H – Hispanic A – Asian I – Indian O - Other	
BENE-REF-ENTRY-DATE	If a refugee, the month and year the client entered the USA.	
BENE-REFUGEE-CODE	A code indicating the client's country of origin if other than the USA.	
BENE-REFUGEE-STATUS	Refugee status	
BENE-RSDI-CLAIM-NO	The hospital insurance claim number assigned to a client by Medicare.	
BENE-SCREEN-ACTION	An indicator identifying the referral action taken during the client's last Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screen.	
BENE-SCREEN-DATA	The date of the client's last Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening.	
BENE-SEGMENT	Group of data relating to beneficiary	
BENE-SEX	The client's gender.	
BENE-SUFFIX	The last three bytes of the client's name such as: Jr., Sr., III, etc.	
BENE-TERM-DATE	The client's last date of Medicaid eligibility.	
BENE-USE-CARD		Not used in Medicaid Management Information System (MMIS). Data moved from Eligibility Information System (EIS).
BENE-WORK-HISTORY		Not used in Medicaid Management Information System (MMIS). Data moved from Eligibility Information System (EIS).



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
BENE-XREF-ID	Another previously assigned client Medicaid identification number, a cross-reference identification number.	Usually 10 bytes long.
BENE-XREF-ID-ALPHA	The alpha suffix of the cross-reference Medicaid Identification number (MID).	The last byte of the ten-byte BENE-XREF-ID.
BENE-XREF-ID-NUM	The first nine bytes of the cross-reference Medicaid Identification number (MID).	The first nine bytes of the ten byte BENE-XREF-ID.
BI-DTL-CNT	The number of details on the "buy-in" segment, the "buy-in" part B segment.	
BUY-IN-AID-CATEGORY	The client's assigned aid category at the time the "buy-in" cycle ran.	
BUY-IN-AID-PROGRAM	The client's assigned aid category at the time the "buy-in" cycle ran.	
BUY-IN-CNTY	The county that pays a portion of the client's "buy-in" premium.	
BUY-IN-DTL-NUM	The sequential number assigned to each "buy-in" detail.	
BUY-IN-END-CC	The century the client's "buy-in" coverage ends.	
BUY-IN-END-CCYY	The year (including century) the client's "buy-in" coverage ends.	Date format: CCYY
BUY-IN-END-DATE	The month and year the client's "buy-in" coverage ends. It is always the last day of the month.	
BUY-IN-END-MM	The month the client's "buy-in" coverage ends.	
BUY-IN-END-YY	The year (excluding century) the client's "buy-in" coverage ends.	
BUY-IN-HIST-DATA	Buyin History Data section of file	
BUY-IN-HIST-SEG	Segment of history for this buyin period	Redefines "BUY-IN-HIST-DATA".
BUY-IN-MEDICAID-CLASS	The program class assigned to the client at the time the "buy-in" cycle ran.	
BUY-IN-NUM-HIST	Number of buyin history records	
BUY-IN-PEND-CC	Century digits of buyin pending date	
BUY-IN-PEND-CCYY	Century and year digits of buyin pending date	
BUY-IN-PEND-DATE	Date 'buyin' went to pending status	



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
BUY-IN-PEND-IND	Indicator if 'buyin' is pending	
BUY-IN-PEND-MM	Month digits of buyin pending date	
BUY-IN-PEND-YY	Year digits of buyin pending date	
BUY-IN-PREMIUM	The amount paid to Medicare to purchase the Medicare coverage for the client.	
BUY-IN-PREMIUM	Buyin premium on part A	
BUY-IN-PROGRAM-CODE	The entire program code assigned to the client at the time the "buy-in" cycle ran.	
BUY-IN-SEGMENT	Group of buyin related fields	Redefines "STANDARD-DTL".
BUY-IN-SSA-CC	The century in which the corresponding Social Security Administration (SSA) transaction was received from the SSA.	
BUY-IN-SSA-CCYY	The year (including century) in which the corresponding Social Security Administration (SSA) transaction was received from the SSA.	Date format: CCYY
BUY-IN-SSA-DATE	The month and year in which the corresponding Social Security Administration (SSA) transaction was received from the SSA.	
BUY-IN-SSA-MM	The month in which the corresponding Social Security Administration (SSA) transaction was received from the SSA.	
BUY-IN-SSA-PRIOR-TXN	The previous code received from the Social Security Administration (SSA) describing the last action taken regarding the client's "buy-in" coverage.	
BUY-IN-SSA-TRAN	A code received from the Social Security Administration (SSA) describing the last action taken regarding the client's "buy-in" coverage.	
BUY-IN-SSA-YY	The year (excluding century) in which the corresponding Social Security Administration (SSA) transaction was received from the SSA.	
BUY-IN-SSI-STATUS	A code at the end of the program code indicating if the client receives Supplemental Security Income (SSI).	
BUY-IN-START-CC	The century the client's "buy-in" coverage began.	
BUY-IN-START-CCYY	The year (including century) the client's "buy-in" coverage began.	Date format: CCYY



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
BUY-IN-START-DATE	The month and year the client's "buy-in" coverage began. It is always the first day of the month.	
BUY-IN-START-MM	The month the client's "buy-in" coverage began.	
BUY-IN-START-YY	The year (excluding century) the client's "buy-in" coverage began.	
BUY-IN-STATUS	"Buy-in" status from the state eligibility file.	
BUY-IN-TRAN-CC	The century in which the corresponding "buy-in" transaction code was sent to the Social Security Administration (SSA) from Electronic Data Systems (EDS) describing a request for action to be taken regarding "buy-in" coverage.	
BUY-IN-TRAN-CCYY	The year (including century) in which the corresponding "buy-in" transaction code was sent to the Social Security Administration (SSA) from Electronic Data Systems (EDS) describing a request for action to be taken regarding "buy-in" coverage.	Date format: CCYY
BUY-IN-TRAN-CODE	A code sent to Social Security Administration (SSA) from Electronic Data Systems (EDS) describing a request for action to be taken regarding "buy-in" coverage.	
BUY-IN-TRAN-DATE	The month and year the corresponding "buy-in" transaction code was sent to the Social Security Administration (SSA) from Electronic Data Systems (EDS) describing a request for action to be taken regarding "buy-in" coverage.	
BUY-IN-TRAN-MM	The month in which the corresponding "buy-in" transaction code was sent to the Social Security Administration (SSA) from Electronic Data Systems (EDS) describing a request for action to be taken regarding "buy-in" coverage.	
BUY-IN-TRAN-YY	The year (excluding century) in which the corresponding "buy-in" transaction code was sent to the Social Security Administration (SSA) from Electronic Data Systems (EDS) describing a request for action to be taken regarding "buy-in" coverage.	
BUY-IN-USE-IND	Indicates if the "buy-in" transaction code and dates are in segment	
CASE-ADDRESS	The complete address of the client.	
CASE-ADDR-LN1	The first line of the client's street address.	
CASE-ADDR-LN2	The second line of the client's street address.	



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
CASE-AFDC-GROUP-CODE	Aid to families with dependent children group code	
CASE-AID-CATEGORY	Case aid category	
CASE-AID-DATA	Group level of case program and category fields	
CASE-AID-PROGRAM	Case aid program	
CASE-AMB-CAP	Not used - EIS defined field	
CASE-APC-CO-BEG-DT	Not used - EIS defined field	
CASE-APP-DATE	The date of the application.	
CASE-APP-DISPOSITION	The disposition of the application.	
CASE-APPLICATION-DATA	Group level of application data including number, type, date, status	
CASE-APP-NO	The application number.	
CASE-APP-TYPE	The application type.	
CASE-AUTH-FROM-DATE	The first date the client is eligible to receive Medicaid services.	
CASE-AUTH-PERIOD	Case authorized period	
CASE-AUTH-TO-DATE	The last date the client is eligible to receive Medicaid services.	
CASE-CAP-CODE	Two character Community Alternative Program (CAP) code	
CASE-CASE-TERM	Case term	
CASE-CAT-OF-ASSIST	Not used - EIS defined field	
CASE-CC-BENEFITS-PAID	Not used - EIS defined field	
CASE-CC-IVD-IND	Not used - EIS defined field	
CASE-CC-PAY-AMT	Not used - EIS defined field	
CASE-CC-PAY-AMT-X	Not used - EIS defined field	Redefines "CASE-CC-PAY-AMOUNT".
CASE-CC-SUSPEND	Not used - EIS defined field	
CASE-CITY	The city in which the client resides.	
CASE-CO-CASE-NO	The case number as assigned by the county.	
CASE-CO-NO	The county number for this case.	
CASE-CO-REASSIGN	The year and month of the case reassignment.	Date format:



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
		YYMM
CASE-CO-REASSIGN-NO	The county number for the case reassignment.	
CASE-COUNT-MO-INC	The client's monthly amount of income.	
CASE-CP-CODE	Not used - EIS defined field	
CASE-CS-CH-AD-CARE	Not used - EIS defined field	
CASE-CS-DISREG	Not used - EIS defined field	
CASE-CS-EARN-INC	Not used - EIS defined field	
CASE-CS-GRS-EARN	Not used - EIS defined field	
CASE-CS-HEAD-FIRST	Case head's first name.	
CASE-CS-HEAD-ID-NO	Medicaid identification number for the case head.	
CASE-CS-HEAD-LAST	Case head's last name.	
CASE-CS-HEAD-MI	Case head's middle initial.	
CASE-CS-HEAD-NAME-SSN	Case head's Social Security Number (SSN)	
CASE-CS-HEAD-SUFFIX	Case head's last name suffix, i.e. Jr., Sr., III, etc.	
CASE-CS-NEEDS	Not used - EIS defined field	
CASE-CS-NET-EARN	Not used - EIS defined field	
CASE-CS-NET-UNEARN	Not used - EIS defined field	
CASE-CS-RSDI-AMT	Not used - EIS defined field	
CASE-CS-SSI-AMT	Not used - EIS defined field	
CASE-CS-UNEARN-INC	Not used - EIS defined field	
CASE-CS-WORK-EXPEN	Not used - EIS defined field	
CASE-DATA SEGMENT	Group level of case data fields	
CASE-DATE-LAST-ERROR	Not used - EIS defined field	
CASE-DED-BAL	Not used - EIS defined field	
CASE-DISP-DATE	The disposition date at the County Department of Social Services for the client's case.	
CASE-DISP-REASON	The reason of disposition for the client's case.	
CASE-DIST-NO	The district number for the case.	
CASE-DOMIC-RATE	Not used - EIS defined field	
CASE-ESC-MATCH	Not used - EIS defined field	Not used in Medicaid Management Information System (MMIS).



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
		Data moved from Eligibility Information System (EIS).
CASE-FOODSTAMP-NO	Client foodstamp ID number	
CASE-FORM-ID	The cases form number.	
CASE-ID	A unique number assigned to each family unit by the County Department of Social Services.	
CASE-LEVEL-OF-CARE	Not used - EIS defined field	
CASE-LT-CODE	Not used - EIS defined field	
CASE-MAIN-AMT	Not used - EIS defined field	
CASE-MEDICAID-CERT-FM	Not used - EIS defined field	
CASE-MEDICAID-CERT-PERIOD	Not used - EIS defined field	
CASE-MEDICAID-CERT-TO	Not used - EIS defined field	
CASE-MEDICAID-CLASS	Not used - EIS defined field	
CASE-MEDICAID-STATUS	Not used - EIS defined field	
CASE-MEDICAID-STATUS-DATE	Not used - EIS defined field	
CASE-MONTHLY-PYMT	Not used - EIS defined field	
CASE-NUM-OF-CHILDREN	Not used - EIS defined field	
CASE-NUM-OF-CHILDREN-X	Not used - EIS defined field	Redefines "CASE-NUM-OF-CHILDREN".
CASE-OLD-PROG-CODE	Not used - EIS defined field	
CASE-PAT-MO-LIAL-AMT	Not used - EIS defined field	
CASE-PAYMENT-DATA	Not used - EIS defined field	
CASE-PHONE-NUM		
CASE-PULL-PROG	Not used - EIS defined field	
CASE-PULL-REASON	Not used - EIS defined field	
CASE-PYMT-AMT	Not used - EIS defined field	
CASE-PYMT-DATE	Not used - EIS defined field	
CASE-PYMT-REV-FROM	Not used - EIS defined field	
CASE-PYMT-REV-PERIOD	Not used - EIS defined field	
CASE-PYMT-REV-TO	Not used - EIS defined field	



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
CASE-PYMT-TYPE	Not used - EIS defined field	
CASE-RCD-CREATION-DATE	Not used - EIS defined field	Not used in Medicaid Management Information System (MMIS). Data moved from Eligibility Information System (EIS).
CASE-RCD-LST-CHG-DATE	Not used - EIS defined field	Not used in Medicaid Management Information System (MMIS). Data moved from Eligibility Information System (EIS).
CASE-RCD-TYPE	Not used - EIS defined field	Not used in Medicaid Management Information System (MMIS). Data moved from Eligibility Information System (EIS).
CASE-REASSIGN-DATE	Not used - EIS defined field	
CASE-RECOUP-AMT	Not used - EIS defined field	
CASE-RECOUP-CODE	Not used - EIS defined field	
CASE-RECOUP-END-DATE	Not used - EIS defined field	
CASE-RECOUPMENT	Not used - EIS defined field	
CASE-RET-DISP-DATE	Not used - EIS defined field	
CASE-RET-DISP-REASON	Not used - EIS defined field	
CASE-SN-CODE	Not used - EIS defined field	
CASE-SSI-STATUS	Not used - EIS defined field	
CASE-STATE	The client's residential state.	
CASE-STEPPARENT-IND	Not used - EIS defined field	
CASE-SUBPAYEE-CODE	Not used - EIS defined field	



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
CASE-SUBPAYEE-FIRST	The case sub-payee's first name.	
CASE-SUBPAYEE-LAST	The case sub-payee's last name.	
CASE-SUBPAYEE-MI	The case sub-payee's middle initial.	
CASE-SUBPAYEE-NAME	The case sub-payee's full name.	
CASE-SUBPAYEE-SUFFIX	The case sub-payee's last name suffix, i.e. Jr. Sr., III, etc.	
CASE-TERM-DATE	The date the case is terminated.	Date format: YYMMDD
CASE-TERM-REASON	The reason the case is terminated.	
CASE-TICK-MARK-INDICATOR	Not used - EIS defined field	
CASE-TPR-INDIC	Not used - EIS defined field	
CASE-UP-CODE	Not used - EIS defined field	
CASE-VA-PAYMENT-STATUS	Not used - EIS defined field	
CASE-VERIF-IND	Not used - EIS defined field	
CASE-WORKER-NO	Identification number for the caseworker.	
CASE-ZIP-CODE	The client's postal zip code.	
DETAIL	Detail portion of record	Occurs 100 times
DETAIL-COUNT-SEGMENT	Number of segments	
DETAIL-PORTION	Group level of detail segment	
DTL-DATE-LAST-UPDATED	The date the detail was last updated.	
DTL-TYPE	A code identifying the type of eligibility detail, such as prior approval, Medicare status, etc.	
EL-DTL-CNT	The number of details on the eligibility "EL" segment.	
ELIG-AID-CATEGORY	The client's aid category at the time this Medicaid eligibility period is determined.	
ELIG-AID-PROGRAM	The client's aid program at the time this Medicaid eligibility period is determined.	
ELIG-AUTH-FROM-DATE	The first date the client is authorized to receive Medicaid services during this eligibility period.	
ELIG-CA-CARD	Card indicator	
ELIG-CAP-CODE	The Community Alternatives Programs (CAP) code the client is assigned to during the eligibility	



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
	period; The CAP code on the eligibility “EL” segment.	
ELIG-CA-PRI-CARE-PROV	Primary care provider	
ELIG-CASE-ID	Case ID	
ELIG-CO-NO	The client’s residential county at the time this eligibility period was established; This is the county shown on the eligibility “EL” screen.	
ELIG-DED-BAL-LIAB-AMT	The “spenddown” or patient liability balance to be withheld.	
ELIG-DED-BAL-LIAB-DATA	Group level of liability data fields.	
ELIG-DED-BAL-LIAB-TYPE	A code indicating if the amount being deducted is due to “spenddown” or patient liability.	
ELIG-FROM-DATE	The date the client was determined to be eligible for Medicaid services during this eligibility period.	
ELIG-MEDICAID-CLASS	The client assigned program class during this eligibility period.	
ELIG-PAT-LIAB-TBL	Group level of patient liability table	
ELIG-PERIOD	Client eligibility period	
ELIG-PL-AMT	The patient liability amount the client is responsible for before Medicaid will pay for services.	
ELIG-PL-FM-DATE	The first date the patient liability amount is effective.	
ELIG-PL-TBL	Patient liability table	Occurs 6 times
ELIG-PL-TO-DATE	The last date the patient liability amount is effective.	
ELIG-PL-TYPE	A code indicating if the amount being deducted is due to “spenddown” or patient liability.	
ELIG-PROGRAM-CODE	The entire program code assigned to the client for this eligibility period.	
ELIG-PYMT-TYPE	Type of payment	
ELIG-SSI-STATUS	Indicates if the client receives Supplemental Security Income (SSI).	
ELIG-TO-DATE	The last date the client is eligible to receive Medicaid services during this eligibility period.	
HDR-CONTROL-SEGMENT	Group level of header segment	



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
HDR-DATE-LAST-UPDATED	The date the header was last updated.	
HDR-REC-ID	The record type of the eligibility header; This indicates whether the record is a base or cross-reference record.	
HEADER-PORTION	The header level of the file	Length = 25670
INDIVIDUAL-MEDICAID-SGMT	Medicaid Segment	Redefines "STANDARD-DTL".
MANAGED-CARE-SEGMENT	Group level of Manage Care segment	
MC-CASE-ID	A unique Managed Care (MC) number assigned to each family unit by the county department of social services.	
MC-COUNTY-NUM	The client's North Carolina residential county (number) for Managed Care (MC) segment.	
MC-DTL-CNT	The number of details on the Managed Care (MC) segment.	
MC-EFF-DATE	The effective date of the client's enrollment in the Managed Care (MC) plan.	
MC-END-DATE	The end date of the client's enrollment in the Managed Care (MC) plan.	
MC-PLAN-CAT	The client's enrollment type in the Health Maintenance Organization (HMO) for the Managed Care (MC) plan.	
MC-PLAN-CHAR	The last byte of the Managed Care (MC) plans number.	
MC-PLAN-CHAR-8	Eight character field of managed care plan	
MC-PLAN-NUM	Designates the Health Maintenance Organization (HMO) for the Managed Care (MC) plan the client belongs to or the reason the client is not enrolled in an HMO.	13 bytes on claim record.
MC-PLAN-NUMBER	Designates the Health Maintenance Organization (HMO) for the Managed Care (MC) plan the client belongs to or the reason the client is not enrolled in an HMO.	13 bytes on claim record.
MEDICARE-A-IND	A code on the client eligibility file (Medicare Status (MS) segment) indicating if the client is eligible for Medicare part A.	



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
MEDICARE-B-IND	A code on the client eligibility file (Medicare Status (MS) segment) indicating if the client is eligible for Medicare part B.	
MEDICARE-DATE	The date the Medicare indicator was placed on the eligibility file.	
MEDICARE-SOURCE	Not used - EIS defined field	
MEDICARE-STATUS-SEGMENT	Medicare Status segment of detail record	Redefines "STANDARD-DTL".
MS-DTL-CNT	The number of details on the Medicare Status (MS) segment.	
SPECIAL-USE-SEGMENT	Group level of special use segment	
SPEC-USE-CODE	A code describing the type of special uses detail.	
SPEC-USE-DATES	From and to dates for special use detail	
SPEC-USE-FROM-DATE	The first date on which the special uses code is effective.	
SPEC-USE-HMO-BEG-CC	Century of special use HMO beginning date	
SPEC-USE-HMO-BEG-CCYY	Century and year of Special use HMO beginning date	
SPEC-USE-HMO-BEG-DATE	Special use HMO beginning date	
SPEC-USE-HMO-BEG-MM	Month of special use HMO beginning date	
SPEC-USE-HMO-BEG-YY	Year of special use HMO beginning date	
SPEC-USE-HMO-END-CC	Century of special use HMO ending date	
SPEC-USE-HMO-END-CCYY	Century and year of special use HMO ending date	
SPEC-USE-HMO-END-DATE	Special use HMO ending date	
SPEC-USE-HMO-END-MM	Month of special use HMO ending date	
SPEC-USE-HMO-END-YY	Year of special use HMO ending date	
SPEC-USE-PROV-CODE	Special use provider code	
SPEC-USE-TO-DATE	Special use To date	
STANDARD-DTL	Standard detail portion of record to which all types of details are redefined.	
SU-DTL-CNT	The number of details on the Special Use (SU) segment.	
TOT-DTL-CNT	The total number of details on the record.	
TP-DTL-CNT	The number of details on the Third Party (TP) liability segment	



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
TPR-ABSENT-PARENT-IND	Not used - EIS defined field	
TPR-BEGIN-DATE	The first effective date of the Third Party (TP) liability insurance coverage.	
TPR-COMPANY-CODE	A code assigned by Electronic Data Systems (EDS) to each Third Party (TP) liability insurance company.	
TPR-COUNTY	Not used - EIS defined field	
TPR-COVERED-PERIOD	Coverage period for Third Party	
TPR-DATE-INIT-FORM	Not used - EIS defined field	
TPR-DATE-KEYED	Not used - EIS defined field	
TPR-DIST-NO	Not used - EIS defined field	
TPR-END-DATE	The last effective date of the Third Party (TP) liability insurance coverage.	
TPR-GROUP-ADDRESS	The address of the group or plan through which insurance is provided to the insured.	
TPR-GROUP-CITY	The city of the group or plan through which insurance is provided to the insured.	
TPR-GROUP-NAME	The name of the group or plan through which insurance is provided to the insured.	
TPR-GROUP-POLICY-NO	The policy number of the group or plan through which insurance is provided to the insured.	
TPR-GROUP-STATE	The state of the group or plan through which insurance is provided to the insured.	
TPR-GROUP-STREET	The street address of the group or plan through which insurance is provided to the insured.	
TPR-GROUP-ZIP	The zip code of the group or plan through which insurance is provided to the insured.	
TPR-GRP-1ST-5	First 5 digits of Third party zip	
TPR-GRP-LST-4	Last 4 digits of Third party zip	
TPR-GRP-ZIP	Group level of zip code for Third Party	
TPR-HOLDER-FNAME	The first name of the subscriber on the Third Party (TP) policy.	
TPR-HOLDER-LNAME	The last name of the subscriber on the Third Party (TP) policy.	
TPR-HOLDER-MI	The middle initial of the subscriber on the Third Party (TP) policy.	
TPR-HOLDER-SUFFIX	The last name suffix, i.e. Jr., Sr., III, etc., of the	



Data Definition File – IPRS Eligibility Master – HMKY1000		
Data Element/Structure	Definition/Explanation	Comments
	subscriber on the Third Party (TP) policy.	
TPR-INDIVIDUAL-CASE-ID	Individual case ID for Third Party	
TPR-INDIVIDUAL-ID-NO	Individual ID number for Third Party	
TPR-INDIVIDUAL-INS-TYPE	Individul Insurance type	
TPR-INDIVIDUAL-SEGMENT	Group level field for Individual data fields	
TPR-INS-TYPE	A code indicating the client's type of Third Party (TP) liability insurance coverage.	
TPR-LCHANGE-COUNTY	Not used - EIS defined field	
TPR-LCHANGE-DATE-JUL	Not used - EIS defined field	
TPR-LCHANGE-FORM-ID	Not used - EIS defined field	
TPR-PERIOD-COVERED	Third party liablity coverage period	
TPR-POLICY-EFF-DATE	The first effective date of the Third Party (TP) liability insurance coverage.	
TPR-POLICYHOLDER-NAME	The name of the subscriber on the Third Party (TP) policy.	
TPR-POLICY-NO	The policy number assigned to the Third Party (TP) liability insurance policy that has first (primary) responsibility for payment of the claim.	
TPR-POLICY-SEGMENT	Group level field for policy data	
TPR-POLICY-TERM-DATE	The last effective date of the Third Party (TP) liability insurance coverage.	
TPR-RELATIONSHIP	Relationship indicator for Third party liablity	
TPR-SEGMENT	Third party segment	
TPR-WKER-NO	Third party worker number	

4.1.3 IPRS Enrollment Master

4.1.3.1 Copybook HMKY2451

RECORD LAYOUT DATASET : PDSRA.HMXCM.PROD.COPY
MEMBER : HMKY2451



----- FIELD LEVEL/NAME -----		--PICTURE--		FLD	START	END	LENGTH
(PREF) ENROLL-KEY					1	130	130
5 (PREF) ENROLL-KEY		GROUP		1	1	36	36
10 (PREF) ENR-ID-DATE		GROUP		2	1	26	26
15 (PREF) ENR-BENE-ID		GROUP		3	1	10	10
20 (PREF) ENR-BENE-ID-NUM		X(9)		4	1	9	9
20 (PREF) ENR-BENE-ID-ALPHA		X		5	10	10	1
15 (PREF) ENR-DATES		GROUP		6	11	26	16
20 (PREF) ENR-FROM-DATE		9(8)		7	11	18	8
20 (PREF) ENR-TO-DATE		9(8)		8	19	26	8
10 (PREF) ENR-ELIG-SOURCE		X(5)		9	27	31	5
10 (PREF) ENR-POP-GROUP		X(5)		10	32	36	5
5 (PREF) ENROLL-INFO		GROUP		11	37	87	51
10 (PREF) ENR-PROGRAM-CODE		GROUP		12	37	41	5
15 (PREF) ENR-AID-PROGRAM		X		13	37	37	1
15 (PREF) ENR-AID-CATEGORY		XX		14	38	39	2
15 (PREF) ENR-MEDICAID-CLASS		X		15	40	40	1
15 (PREF) ENR-SSI-STATUS		X		16	41	41	1
10 (PREF) ENR-CASE-ID		X(8)		17	42	49	8
10 (PREF) ENR-ELIG-COUNTY		GROUP		18	50	52	3
15 (PREF) ENR-ELIG-CO-1ST		X		19	50	50	1
15 (PREF) ENR-ELIG-CO-REST		XX		20	51	52	2
10 (PREF) ENR-MC-COUNTY		GROUP		21	53	55	3
15 (PREF) ENR-MC-CO-1ST		X		22	53	53	1
15 (PREF) ENR-MC-CO-REST		XX		23	54	55	2
10 (PREF) ENR-CAP-CODE		XX		24	56	57	2
10 (PREF) ENR-CA-PCP		X(8)		25	58	65	8
10 FILLER		X(5)		26	66	70	5



10 (PREF) ENR-MC-PLAN-CAT	X (4)	27	71	74	4
10 (PREF) ENR-MC-PLAN-NUMBER	GROUP	28	75	87	13
15 (PREF) ENR-MC-PLAN-NUM	GROUP	29	75	82	8
20 FILLER	XX	30	75	76	2
20 FILLER	X (6)	31	77	82	6
15 FILLER	X (5)	32	83	87	5
5 (PREF) ENR-LAST-UPDATE	GROUP	33	88	103	16
10 (PREF) ENR-DATE-UPDATE	9 (8)	34	88	95	8
10 (PREF) ENR-TIME-UPDATE	9 (8)	35	96	103	8
5 FILLER	X (27)	36	104	130	27

*** END OF LAYOUT REPORT ***

4.1.3.2 Data Element Definitions

Data Definition File – IPRS Enrollment Master – HMKY2451		
Data Element/Structure	Definition/Explanation	Comments
ENR-AID-CATEGORY	The client's aid category at the time this eligibility period is determined.	
ENR-AID-PROGRAM	The client's aid program at the time this eligibility period is determined.	
ENR-BENE-ID	The client's base identification number.	
ENR-BENE-ID-ALPHA	The alpha suffix of the client's identification number.	
ENR-BENE-ID-NUM	The client's base identification number.	
ENR-CAP-CODE	The Community Alternatives Programs (CAP) code the client is assigned to during the eligibility period.	
ENR-CA-PCP	The clients primary care physician.	
ENR-CASE-ID	The clients case ID number.	
ENR-DATES	The clients enrollment dates.	
ENR-DATE-UPDATE	The date the record was last updated.	



Data Definition File – IPRS Enrollment Master – HMKY2451		
Data Element/Structure	Definition/Explanation	Comments
ENR-ELIG-CO-1ST	First character of the county.	
ENR-ELIG-CO-REST	Second and Third character of the county.	
ENR-ELIG-COUNTY	The client's residential county at the time this eligibility period was established.	
ENR-ELIG-SOURCE	The source of clients eligibility.	IPRS will be NCDMH
ENR-FROM-DATE	The first date the client is authorized to receive services during this eligibility period.	
ENR-ID-DATE	Group level field of enrollment ID and dates.	
ENR-LAST-UPDATE	Date and Time of last update.	
ENR-MC-CO-1 ST	First character of managed care county.	
ENR-MC-CO-REST	Last 2 characters of managed care county.	
ENR-MC-COUNTY	Managed care county.	
ENR-MC-PLAN-CAT	Managed care category.	
ENR-MC-PLAN-NUM	Managed care plan number.	
ENR-MC-PLAN-NUMBER	Redefinitions of Managed care number – 13 characters.	
ENR-MEDICAID-CLASS	Fourth character of program code – medicaid class.	
ENROLL-INFO	Group level enrollment data.	
ENROLL-KEY	Key to enrollment file.	
ENR-POP-GROUP	The population group in which the client is enrolled.	
ENR-PROGRAM-CODE	The program in which the client is enrolled.	
ENR-SSI-STATUS	Fifth character of medicaid program code.	
ENR-TIME-UPDATE	Time enrollment record last updated.	
ENR-TO-DATE	Enrollment "TO" date.	

4.1.4 Translated 834 Record - Client Workpacket

4.1.4.1 Copybook IPKYTRAN

----- FIELD LEVEL/NAME ----- --PICTURE-- FLD START END LENGTH
(PREF) IEUR-ABBREV-UPDATE 1 480 480



5 (PREF) IEUR-ABBREV-UPDATE	GROUP	1	1	480	480
10 (PREF) IEUR-AU-KEY	GROUP	2	1	80	80
15 (PREF) IEUR-AU-SUBM-LMA-NUM	X(8)	3	1	8	8
15 (PREF) IEUR-AU-SUBM-LMA-FILL	X(5)	4	9	13	5
15 (PREF) IEUR-AU-SUBM-ID	X(11)	5	14	24	11
15 (PREF) IEUR-AU-SPON-ID	X(10)	6	25	34	10
15 (PREF) IEUR-AU-REC-TYPE	X(4)	7	35	38	4
15 (PREF) IEUR-AU-SOURCE-PAYER	X(5)	8	39	43	5
15 (PREF) IEUR-AU-ACT	XXX	9	44	46	3
15 (PREF) IEUR-AU-DEATH-DATE	9(8)	10	47	54	8
15 (PREF) IEUR-AU-UPDATE-DATE	9(8)	11	55	62	8
15 (PREF) IEUR-AU-UPDATE-TIME	9(6)	12	63	68	6
15 FILLER	X(12)	13	69	80	12
10 (PREF) IEUR-AU-REST	X(400)	14	81	480	400
10 (PREF) IEUR-DTL REDEFINES (PREF) IEUR-AU-REST					
10 (PREF) IEUR-DTL	GROUP	15	81	480	400
15 (PREF) IEUR-DTL-SUBM-LAST-NAME	X(35)	16	81	115	35
15 (PREF) IEUR-DTL-SUBM-FIRST-NAME	X(25)	17	116	140	25
15 (PREF) IEUR-DTL-SUBM-MI	X	18	141	141	1
15 (PREF) IEUR-DTL-SUBM-SUFFIX	X(10)	19	142	151	10
15 (PREF) IEUR-DTL-SUBM-SSN	X(9)	20	152	160	9
15 (PREF) IEUR-DTL-PHONE-NUM	X(10)	21	161	170	10
15 (PREF) IEUR-DTL-ADDR1	X(55)	22	171	225	55
15 (PREF) IEUR-DTL-ADDR2	X(55)	23	226	280	55
15 (PREF) IEUR-DTL-CITY	X(30)	24	281	310	30
15 (PREF) IEUR-DTL-STATE	XX	25	311	312	2
15 (PREF) IEUR-DTL-ZIP-CODE	X(9)	26	313	321	9
15 (PREF) IEUR-DTL-CO-NO	XXX	27	322	324	3
15 (PREF) IEUR-DTL-DOB	9(8)	28	325	332	8
15 (PREF) IEUR-DTL-SEX	X	29	333	333	1
15 (PREF) IEUR-DTL-RACE	X	30	334	334	1
15 (PREF) IEUR-DTL-ACT	XXX	31	335	337	3
15 (PREF) IEUR-DTL-CHG-DEL-FM-DATE	9(8)	32	338	345	8
15 (PREF) IEUR-DTL-CHG-DEL-TO-DATE	9(8)	33	346	353	8
15 (PREF) IEUR-DTL-ELIG-PROGRAM-CODE	X(5)	34	354	358	5
15 (PREF) IEUR-DTL-FROM-DATE	9(8)	35	359	366	8
15 (PREF) IEUR-DTL-TO-DATE	9(8)	36	367	374	8
15 FILLER	X(106)	37	375	480	106

4.1.4.2 Data Element Definitions

Data Definition File – Translated 834 Record - Client Workpacket – IPKYTRAN		
Data Element/Structure	Definition/Explanation	Comments
IEUR-ABBREV-UPDATE	Abbreviation update segment start.	"IEUR" = Input Eligibility Update Record.
IEUR-AU-ACT	The Abbreviation Update (AU) action code of add or change only.	"IEUR" = Input Eligibility Update Record.



Data Definition File – Translated 834 Record - Client Workpacket – IPKYTRAN		
Data Element/Structure	Definition/Explanation	Comments
IEUR-AU-DEATH-DATE	The Abbreviation Update (AU) date of the client's death.	"IEUR" = Input Eligibility Update Record.
IEUR-AU-KEY	The Abbreviation Update (AU) key segment start.	"IEUR" = Input Eligibility Update Record.
IEUR-AU-REC-TYPE	The Abbreviation Update (AU) record type. Acceptable values are LMA, ARC or MRMI.	"IEUR" = Input Eligibility Update Record.
IEUR-AU-REST	The Abbreviation Update (AU) rest of record segment start.	"IEUR" = Input Eligibility Update Record.
IEUR-AU-SOURCE-PAYER	The Abbreviation Update (AU) source payer.	"IEUR" = Input Eligibility Update Record.
IEUR-AU-SPON-ID	The Abbreviation Update (AU) sponsor identification (ID).	"IEUR" = Input Eligibility Update Record.
IEUR-AU-SUBM-ID	The Abbreviation Update (AU) submission local client identification (ID).	"IEUR" = Input Eligibility Update Record.
IEUR-AU-SUBM-LMA-FILL	The Abbreviation Update (AU) submission Local Managing Agency (LMA) filler.	"IEUR" = Input Eligibility Update Record.
IEUR-AU-SUBM-LMA-NUM	The Abbreviation Update (AU) submission Local Managing Agency (LMA) number.	"IEUR" = Input Eligibility Update Record.
IEUR-AU-UPDATE-DATE	The Abbreviation Update (AU) posted date from the LMA.	"IEUR" = Input Eligibility Update Record.
IEUR-AU-UPDATE-TIME	The Abbreviation Update (AU) posted time from the LMA.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL	The detail segment start.	Redefines "IEUR-AU-REST". "IEUR" = Input Eligibility Update Record.
IEUR-DTL-ACT	The detail action - add, change or delete.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-ADDR1	The detail client's street address.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-ADDR2	The detail client's additional street address information.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-CHG-DEL-FM-DATE	Required for submitted segment deletes or changes to identify the segment being changed or deleted. Indicates the eligibility segment from date being changed/deleted.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-CHG-DEL-TO-DATE	Required for submitted segment deletes or changes to identify the segment being changed	"IEUR" = Input Eligibility Update Record.



Data Definition File – Translated 834 Record - Client Workpacket – IPKYTRAN		
Data Element/Structure	Definition/Explanation	Comments
	or deleted. Indicates the eligibility segment to date being changed/deleted.	
IEUR-DTL-CITY	The detail client's residing city.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-CO-NO	The detail client's residing county.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-DOB	The detail client's date of birth.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-ELIG-PROGRAM-CODE	The detail eligibility segment program code.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-FROM-DATE	The detail eligibility segment start date.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-PHONE-NUM	The detail client's telephone number.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-RACE	The detail client's race.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-SEX	The detail client's gender.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-STATE	The detail client's state.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-SUBM-FIRST-NAME	The detail submission client's first name.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-SUBM-LAST-NAME	The detail submission client's last name.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-SUBM-MI	The detail submission client's middle initial.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-SUBM-SSN	The detail submission client's Social Security Number.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-SUBM-SUFFIX	The detail submission client's last name suffix. The last three bytes of the client's name, i.e. Jr., Sr., III, etc.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-TO-DATE	The detail eligibility segment to date.	"IEUR" = Input Eligibility Update Record.
IEUR-DTL-ZIP-CODE	The detail postal zip code.	"IEUR" = Input Eligibility Update Record.



DOCUMENT CHANGE LOG

Draft versions have no approval authority and may contain many iterations before approval authority.

Version (Major changes are new versions)	Approval Date (mm/dd/yy)	Changed By (Person who made the changes for this version)	Approval (Approving Authority (name) – may be “N/A”)	Reason (List major change reasons only)
Draft	xx/xx/xx	Russell Blackburn Jr.		Initial document creation and updates until v1.0 approval.
v1.0				